

STAFF MEMBER NAME: \_\_\_\_\_  
PLC TEAM (s) : \_\_\_\_\_ Number of teachers \_\_\_\_\_

### Professional Development Request Form for 10-11

**Which PLC SMART Goal does this work support?**

\_\_\_\_\_

**Which site goal does this support? Check as many as apply.**

1. El Cajon Valley High School will meet or exceed its yearly API growth target as established by the California Department of Education.
2. The percentage of 10<sup>th</sup> grades students who pass the California High School Exit Exam (CAHSEE) will increase each year.
3. The percentage of students receiving either a grade of A, B or C will increase each year.
4. The percentage of students who graduate each year and the percentage of students who complete the A-G graduation requirements each year will increase.
5. The percentage of students in each graduating class who complete an AP course will increase each year and the number of AP exams taken and passed will increase each year.
6. The percentage of student absences coded as period trancies and all day trancies will decrease month over month from the previous year and the Average Daily Attendance (A.D.A.) will increase month over month from the previous year.

**What staff development do you need to implement this goal? Please include specific explanation for the category indicated:**

- ☐ PLC Team Pull-out Day Collaboration
- ☐ Content Coaching Participation
- ☐ Teacher-Led Demonstration Lessons
- ☐ Curriculum Specific Professional Development
- ☐ Other: \_\_\_\_\_

**Explanation:**

\_\_\_\_\_

**Required at end of your professional development attached together:**

- ☐ Sign-in sheet
- ☐ Time sheets (if done after school hours)
- ☐ Agenda
- ☐ Product – meeting notes/ curriculum developed/ plans etc.

Department Chair Signature:	Admin. Signature:
Proposed date(s) :	Approved date:

For office use only: Facilities \_\_\_\_\_ Room # \_\_\_\_\_ Subs \_\_\_\_\_ Copies to files \_\_\_\_\_  
Budget # \_\_\_\_\_ Completed to district \_\_\_\_\_